

# Churchfields Infants' School, Nursery Unit & Language Facility

## PERSONAL INFORMATION FORM

(all information on this form is covered by the Data Protection Act 1984 and will be treated as confidential)

<b>CHILD'S SURNAME</b>		BOY/GIRL (delete as appropriate)
<b>FIRST NAME(S)</b>		<b>Usage Name</b>
DATE OF BIRTH		<b>(Copy of Full Birth Certificate required)</b>  Evidenced by .....
Home Address		
Postcode		<b>CLASS:</b>
Home telephone number		
Mother's first name	Surname (if different)	
Mother's address (if different)		
Mother's occupation	Work telephone	
Mother's mobile	E-mail address	
<b>PARENTAL RESPONSIBILITY?</b>		<b>YES/NO (delete as appropriate)</b>
Father's first name	Surname (if different)	
Father's address (if different)		
Father's occupation	Work telephone	
Father's mobile	E-mail address	
<b>PARENTAL RESPONSIBILITY?</b>		<b>YES/NO (delete as appropriate)</b>

Name of any other person who has been **legally** awarded parental status .....

Address ..... Telephone .....

Name of any person whose access to the child is **legally** restricted (evidence required)

**Please provide at least one alternative contact who can collect your child in case of accident or illness:**

Name	Name
Address	Address
Telephone	Telephone
Mobile	Mobile
Relationship to child	Relationship to child

The following people will usually collect my child from school (please give name and **relationship to child** e.g. parent, grandparent, childminder etc.). If the arrangement changes, please notify school office before 1.30pm.

Name ..... Relationship .....

Name ..... Relationship .....

Name ..... Relationship .....

<b><u>Main</u></b> Language spoken at home: Please name ONE language only	<b><u>Other</u></b> Language/s spoken at home: Please name any additional languages spoken
By Mother:	
By Father:	
By Child:	

**Religion** (please circle whichever is applicable)

Christian                  Hindu                  Jewish                  Muslim                  Sikh                  No religion

Other (please specify) .....

**Refugee Status:** Does your family hold refugee status?    **YES / NO** (please delete as appropriate)

If Yes, Date of entry into UK .....

**Name of previous Nursery/School** .....

**Number of terms attended** .....

<b><u>MEDICAL INFORMATION:</u></b>		<b>Please provide child's NHS Number:</b>
Are your child's immunisations up to date?	Yes / No	
Has your child had the MMR 2 vaccine?	Yes / No	Date given:
Has your child had the pre-school booster?	Yes / No	Date given:

Does your child have any medical conditions we should know about for his/her safety and well being?

**RESPIRATORY CONDITIONS:** Does your child suffer from asthma / hayfever etc?                  **YES / NO**

**You will need to fill out a separate form in the Medical Room if you wish medication to be administered in school to control asthmatic conditions. Other medication will not normally be administered.**

Family Doctor	Telephone
Family Dentist	Telephone

**ALLERGIES: (e.g. eczema / reaction to plasters / antiseptics / eggs / peanuts etc.)**  
(Your child may need a medical protocol in school if he/she has suffered an allergic reaction to any substance)

**DIETARY INFORMATION: (e.g. vegetarian, no pork, no beef etc.)**

Signed ..... (parent)                                  Date .....